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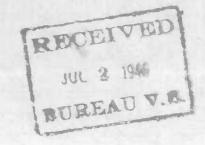
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore 34.

CERTIFICATE OF DEATH

06239 Reg. Dist. No. 262

1. PLACE OF DEATHY MARGINE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State M. Salphones County County
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Sireet No. B. Z. P. #
	(If rupal, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Emma aufusta Bennett	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tremale white married	2D. DATE DF DEATH 120 20 3 5 19 46 21 4 43 6M
6.(b) Name of husband or wife Philips M. Blumeth Sz	21. I CERTIFY-that death occurred on the date above stated: that I attended deceased from
6.(c) It alive, give age	Doy His Much 31 168
7. Birth date of	and that I last saw har alive on There is a 18 f. 6
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immedity cause of death
45- 9hrsmin.	
0,	Due to metastase
9. Birthplace	DUC 10
10. Usual occupation.	Due to
11. Industry or businsss	
12. Name Emily Skiffeld 13. Birthplace Germany	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name. Assaul falls. 15. Birthplace Hernings	Major findings of operations
15. Birthplace Germany	Date of op.
18. Informant Philips M. Bernett So	Autopsy results
Address Holde Morra of Ma	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Bin 1 1901	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory A Carlo Calendary	Where did injury occur?
Location Leon as along May	Injured at home, farm, industry, public place (where?)
18. Funeral director of C. A. astanished South	Means of Injury Injured at work?
Address Leven an Mature MA	Mount a. Camalin
blace 11 0	23. SIGNATURE M. D. or other
19. (Date/rec'd by registrar) Registrar	Address Breathone Date signed e 130/4



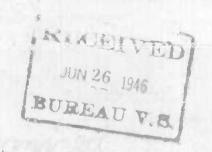
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MARYLAND STATE DEPARTMENT OF HEALTH

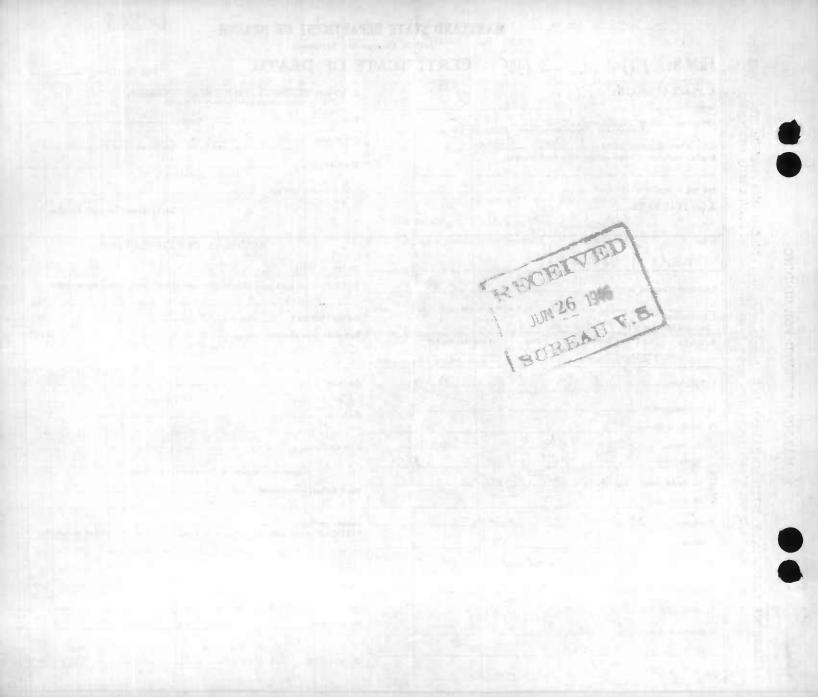
2411 N. Charles St., Baltimore 92-0

06240

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Siate County City or town (If outside city or town limits, write RURAL and cive nearest town) Sireet No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Milton Berry	3. (b) Social Security Number
4. Sex 5. Cofor or race 6.(a) Single, married, wildowed, or divorced 6.(b) Name of husband-or wife 8. (c) If alive, give age 7. Birth date of deceased (mo. day, yr.) 8. AGE: Years Months Days If less than one day 19. Birthplace 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address 17. Cemetery or cremaion. or removal. Whigh: 18. Funerat director Address 18. Funerat director Address 18. Funerat director Address	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that seals occurred on the date above stated; that the state debeased from 19. to 19. and that I lact saw h. 18. DURATION DURATION DURATION DURATION DURATION Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or courier. (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of injury 10. 19. 19. 19. 19. 19. 19. 19.
19. (Date rec'd by registrar) Registrar	Address Conaudh Date signed 6/644



Registrar



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



06242

CERTIFICATE OF DEATH

Acres .

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County To The Reference of the County of the	(For newborn infauts give residence of mother)
City or town	State Many County County Many
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	
	Street No
How long In hospital or institution?	2.(a) It veteran, oame war
3. (a) FULL NAME Willard	3. (b) Social Security Number
Harry Intant Demen	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Tohile Single	
	20. DATE OF DEATH 19.4. at J. J. J. J. A. A.
8.(U) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	2 1946, 10 3121 2/1946
deceased (mo., day, yr.) Sune 21-1946	and that I lest saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
hrs. 3 min	
Palla and mad	
9. Birthpiace (Town, county, and state)	Due to
10. Usual occupation.	
11. Industry or business	Due to
= 12. Name H. Willand Dement	Ohan and Ulan
\(\frac{13. Birthplace \(\beta \) = \(\alpha \) \(\frac{1}{2}\) \(\frac{1}\) \(\frac{1}\) \(\frac{1}2\) \(\frac{1}\) \(\frac{1}2\) \(\frac{1}2	Other conditions
# 9 t/	(include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
\$ 15. Birthplace Jacoma Va;	- Date of op
18. Interment Harry Denient	Autopsy results
Address & albanand	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Builta 1 21 111.	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Which?) Dale thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. To be when the file	Where did injury occur? (City or town) (County) (State)
The land of me	Injured at home, farm, industry, public place (where?)
Location P D D ,	Means of injury Injured at work?
18. Funeral director	means or tuler) Hillness at mourt
Address Trongeratown Ma	000
. 6-21- 116 RARGONI ME	23. SIGNATURE M. D. or other
(Dato rec'd by registrar)	Address Great Mulls Med Date signed 6-21-4



NFADING INK. Supply every item of information carefully. The correct age nt. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

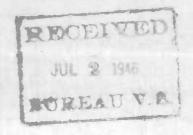
2411 N. Charles St., Baltimore /2

CERTIFICATE OF DEATH

06243

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	Reg.	Dist.	No.		Ğ	

	Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants giveresidence of mother) State
How long in hospital or institution?	2.(a) It veteran, name war
Benj Hroper Dufe	3. (b) Social Security Number
4. Sex 5. Color or racy S.(a) Single, married, wildowed, or divorced white White Widower	MEDICAL CERTIFICATION 20. DATE OF DEATH 18 1 10,555
6.(b) Name of husband or wife ————————————————————————————————————	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days tiless than one day	and that I test saw h
9. Birthpiace Leonaultown St Many M. G.	Mulianay Museulous
(Town, county, and state)	Due to
11. Industry or business 12. Name To Duffe 13. Birthpiace St March Co	Other conditions
14. Maiden name Marsaneth methall 15. Birthplace It mars Co	(Include pregnancy within 3 months of death) Major findings of operations.
18. Informant 79 B. Duffer VIII	Actors y results
Address 17. Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did Injury Occur?
1B. Funeral director And Andrews Andre	Meane of injury Injured at work?
Address Congaganty MA 19. Continuation (6) 29/46 (Date ree'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Dozaelpa Date signed 6/29/14



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

06244

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County.	(For newborn infants give residence of mother) State Manual Causty St Manual	
Cily or town. (If outside city or town limits, write RURAL and give nearest town)	La caraltano	
How long in above place of death? Hantha 7 daif	City or town (If obtside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No.	
1/2 4 7 1	(If rural, give LOCATION)	
How long in hospital or institution? 4 Magnetine T day	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Las som telli Femores		
4. Sax (5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male White Widowel	20. DATE OF DEATH June 9 19.46 at 10.04 M	
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
\$,(c) If alive, give age years	May In 1914 (0, to mores 9 19 4/4.	
7. Birth date of	and that I last saw had realive on 19	
8. AGE: Years Months Days If less than one day	Immediate cause of death	
79 11 19hrsmin.		
B. Birthplace Sepnendismy & Marys Md	Due to Prairmany in right willary region.	
B. Birthplace	O to to to 1 - de construi	
10. Usual occupation	e de la la constante	
11. Industry or business	Due to. Jungang Jamana Living	
12 Name J. Felin Lenwill	Dther conditions	
12. Name Jack Jack Jack CV		
14. Majden name Alberca Spaldent	(Include pregnancy within 3 months of death)	
	Major findings of operations.	
15. Birthplace Amary, col	Date of op	
16. Informant All The	Antopsy results.	
Address Leon andlown My	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17 Prival Date thereof June 11-1946	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Allough Classification	Where did Injury Occur?	
Location Levy as offeren mal	Injured at home, farm, industry, public place (where?)	
18. Funeral director. W. O. Mallingley Sons	Means of Injury tnjured at work?	
	6/4/6 000 0	
Address Lemandlown Md.	23. SIGNATURE STATE PRESIDENTIAL	
19. 6/10 45 College alique Registrar	M. D. or other	
(Date rec'd by registrar) Registrar	Address Address Address Date signed 670-40	



2411 N. Charles St., Baltimore 220

CEPTIFICATE OF DEATH

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	Var	Œ.		
d			b	

Rev. Dist. No. 221

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: County City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, inslitution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother) State
	2.(a) it veteran, name war
3. (a) FULL NAME alice M. Hassis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Semale Colord single	20. DATE OF DEATH June 29 19.4.6. at/0:30P.
6.(b) Hame of husband or wife	21. I CERTIFY that dath occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) Van. 28, 1923	and that I last safe before alive on 19.4 Limmediate cause of death DURATION
8. AGE: Years Moths Days Itless than one day	
9. Birthplace Many land (Town, county, and state)	Due to Due to
10. Usual occupation many	Dua to
11. Industry or business / O	
12. Name. Jakon S. Hassiis	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Serah Offgottatof 15. Birthplace Many land.	Major liadings of operations
S 15. Birthelace Marshaul.	
~ ! " (/A/	Date of op.
16. Informant Sarah Hyatus	Autopsy results
Address Hermansville, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Dunal Date thereof 2/46	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory.	Where did injury occur?
Location Action and the Miles	Injured at home, farm, industry, public place (where?)
18. Funeral direct & B. Sapinson	Means of Injury Injured at work?
Addres Dianard beun Med.	23. SIGNATURE PAREary MA.
19. Kily 2 1946 PReary MD. Cocal Registrar	Address Gasal Mulls Makete signed 7-2-46

ADDING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNF is especially important.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7

County City or town. (If outside city or town limits, write little of and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	(If rural, give LOCATION)
	2.(a) If veteran, name war
Milton Clyde Joy	3. (b) Social Security Number
Male White Single Midwed or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19.46 8:40 A.
B.(b) Name of husband or wife	21. LCERTIFY that death occurred on the date above stated; that attended deceased from
	Chan 21 1926, 10 Jus 7 1946
7. Birth date of	and that I last saw him alive on 18 26
deceased (mo., day, yr.) 8. AGE: Years Months Days II less than one day	Immediate cause of death
6 6 4 3 min.	Coronary artery occlusion 3 day
B. Birthplace (Town, county, and state)	Due to Jerreio reles
10. Usual occupation. Carpenter.	Due to
11. Industry or business	
12. Name William 12 11 12 13. Birthplace Lea Plus Silvard Will	Other conditions at a constant and a
14. Malden name Charflatte & Hayden	(Include pregnancy within 8 mosths of death) Major findings of operation
15. Birthplace Hally word & mil	Major Indings of operation. Date of op Thomas 1, 1976
18. Informant Deliver of all	Autopsy results
Address 6419 8th St n.W. Washington	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Riving " 1 9 DC	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlai, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory for Chafel Camelory	Where did Injury occur?
Location Stables Wood Mile	Injured at home, farm, Industry, public place (where2)
2010 DA TE Day	Means of Injury Injured at work?
Address Sun an all the Address Will and the Address Address	Dail San U.O.
19. (Dato(rec'd by registrar) Registrar	23. SIGNATURE. M. D. or other Address. Address. Date signed 6/7/46



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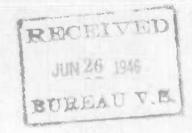
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

116247

1. PLACE OF DEATH: St. Mary's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	City or town Medicarean le
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Sr. Marys Hosp.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME OF Marie of The Price	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Sensale Colored single	20. OATE OF DEATH 1996 21 2 3 1996 21 2 3 PM
(b) Name of husband or wife	21. CERTIFY that reath occurred on the date above stated; that I attended deceased from
8 (a) If all ya give age	Mul 23 1946, 10/1/11/12/13/1946
7. Birth date of	and that I last saw help alive on A well 23 1946
8. AGE: Years Months Days If less than one day	Immediate(rause of death DURATION
/5hrsmin.	
9. Birihplace (Town, county, and state)	. Que to
10. Usual occupation	Oue to.
11. Industry or business	
12. Name 2. Spirite 2. 2. S	Other conditions Lesselly Cleber
	(Include pregnance within 3 months of death)
14. Maiden name Mary 9. Walt 15. Birthplace & Md.	Major findings of operations.
71 m of (Pi	Date of op.
16. Informant	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hechanicswelle Mil.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Bufial, cremation, or removal, Which?) Date thereof. (Say) (Jear)	Accident, suicide, or homicide
Cemetery or crematory The Company of	Where did injury occur? (City or town) (County) (State)
Location II fort governor	Injured at home, farm, industry, public place (where?) Means of thisty Injured at work?
18. Funeral director	mediane or unject.
Address gernandlaun	23. SIGNATURE M. D. or other
19. Cate rec'd by registrar)	offres Walderm Date spended 510



marys

... Date signed

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(A)	The correct age
	The
	carefully.
	NFADING INK. Supply every item of information carefully
C	of
INDI	item
OR B	everv
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AB	F
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1. PLACE OF DEATH:

County.....

Physicians: please write the causes of death clearly and legibly How long in above place of death?.. Hospital, Institution, or street address where death occurred: How long in hospital or institution?. 3. (a) FULL NAME 4. Sex 6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: 9. Birthplace ... 1D. Usual occupation. 11. Industry or business 12. Name important. 13. Dirthplace 14. Malden name 15. Birthplag PLAINLY, V is especially Address WRITE Cemetery or crematory Location 4 EASE 18. Funeral direct

tside city or town limits, write RURAL and give nearest town) (if rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that reath occurred on the date above stated; that I attended deceased from (include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing Accident, suicide, or homicide.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Where did injury occur??

injured at home, farm, industry, public place (where?)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore M3

CERTIFICATE OF DEATH

is.	CE910		
p.	シリムタフ	15	20
*	Reg. Diat. No		

1. PLACE OF DEATH: St Inarys Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intants of residence of mother)		
	State		
City or town	1 1 - 0 -		
How long in above place of death?	City or town		
	Street No.		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
William leagnt			
4. Sex 5. Color or race 6.(a) Single, married, with red or divorced	MEDICAL CERTIFICATION		
m W. masked	20. DATE OF DEATH. Sund 2 nd 19 NG of 10 Can		
6.(b) Name of husband or wife A ready were	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
1.7	willing Charge Juny 5.10 46		
7. Birth date of	and that I last saw h		
8. AGE: Yeare Months Days It less than one day	Immediate cause of death		
500			
A			
9. Birthplace (Town, county, and state)	Due to		
10. Usual occupation Guard am eraft Communica	Oue to		
11. Industry or business	000 (0		
12. Name Unstainter Jeffard 13. Birthplace Frelance	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name. M. A. Malden name.			
14. Malden name	Major findings of operations		
18. Informant Mrs Ruby me Very	Antopsy results		
Address Ward D. Ed	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
(h h) 1 0	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide. C. S. C. S. C. S. C. Date of Marine State of Contract of the C		
Cemetery or crematory. Zaut Zuce	Where did injury occur?		
Location Wash Logical D. C.	Injured at home, farm, industry, public place (where?)		
16. Funeral director S. H. Krisla	Means of Injury Injured at work?		
Address 2901-14th St M.W. Washington	Francist Gran selle 10		
19. Cf 5 146 Oderalis C Registrar Registrar	23. SIGNATURE M. D. or other		
(Date/rec'd by registrar) Registrar	Addrese		

HINDE TO THE REPORT OF THE REAL PROPERTY.

JUN 7 1946